



# RECORD OF WATER WELL

State Form 35680 (R4 / 4-92)

Mail complete record within 30 days to:  
INDIANA DEPARTMENT OF NATURAL RESOURCES  
Division of Water  
402 W. Washington St., Rm. W264  
Indianapolis, IN 46204  
(317) 232-4160

Fill in completely

WELL LOCATION				
County where drilled	Civil township	Township	Range	Section
Driving directions to the well location (include county road names, number, subdivision lot number with consideration to intersecting road and trip origination). There is space for a map on reverse side.				
OWNER - CONTRACTOR				
Name of well owner			Telephone number	
Address (number and street, city, state, ZIP code)				
Name of building contractor			Telephone number	
Address (number and street, city, state, ZIP code)				
Name of drilling contractor			Telephone number	
Address (number and street, city, state, ZIP code)				
Name of equipment operator		License number	Date of completion	
CONSTRUCTION DETAILS		WELL LOG		
Use of well: <input type="checkbox"/> Home <input type="checkbox"/> Industry <input type="checkbox"/> Test <input type="checkbox"/> Irrigation <input type="checkbox"/> Public supply <input type="checkbox"/> Stock <input type="checkbox"/> Other (specify):		FORMATIONS: Type of material		<div>From (feet)</div> <div>To (feet)</div>
Method of drilling <input type="checkbox"/> Rotary <input type="checkbox"/> Jet <input type="checkbox"/> Bucket rig <input type="checkbox"/> Cable tool <input type="checkbox"/> Rev. rotary <input type="checkbox"/> Other				
Casing length feet	Material	Diameter inches		
Screen length feet	Material	Diameter inches		
Screen slot size	Total depth of well			
Depth of pump setting	Water quality (clear, cloudy, odor, etc.)			
Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Other (specify): <input type="checkbox"/> Deep-well jet				
WELL CAPACITY TEST				
Check one <input type="checkbox"/> Bailing <input type="checkbox"/> Air <input type="checkbox"/> Pumping	Test rate _____ gpm _____ hrs.			
Drawdown feet	Static level (depth of water) feet			
GROUTING INFORMATION		WELL ABANDONMENT		
Grout material	Depth of grout From to	Sealing material	Depth filled From To	
Method of installation	Number of bags used	Method of installation	Number of bags used	
I hereby swear or affirm, under the penalties for perjury that the information submitted herewith is to the best of my knowledge and belief, true, accurate and complete.		Signature of owner or authorized representative		Date

(Additional space for well log on reverse side)

FOR ADMINISTRATIVE USE ONLY  
(well driller does not fill out)

County		Township		Range		1/4		1/4		Section	
Topo map			Ft. W of EL			Ground elevation			Name of subdivision		
Field located			Ft. N of SL			Depth to bedrock			Lot number		
By		Date	Ft. E of WL			Bedrock elevation			U.T.M.		
By		Date	Ft. S of NL			Aquifer elevation					
Location accepted w / o verification by											

(continued from front side)

[illegible]